

<i>SERFF Tracking Number:</i>	<i>UFFL-125854767</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40699</i>
<i>Company Tracking Number:</i>	<i>200-608 6-08</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>200-608 6-08</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-608 6-08

SERFF Tr Num: UFFL-125854767 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40699

Sub-TOI: L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Co Tr Num: 200-608 6-08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Karen Hynes

Disposition Date: 10/29/2008

Date Submitted: 10/27/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This product is not being submitted in our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the forms referenced below for your review and approval.

Form 200-608 6-08 (AR) is a level premium increasing death benefit whole life insurance policy. Proceeds in the first two policy years are limited, followed by an increasing death benefit. The policy is available for issue ages 25-80.

Reserves and nonforfeiture values are based on the 2001 CSO Mortality Tables. This policy is new, does not replace

SERFF Tracking Number: UFFL-125854767 State: Arkansas  
Filing Company: United Home Life Insurance Company State Tracking Number: 40699  
Company Tracking Number: 200-608 6-08  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: 200-608 6-08  
Project Name/Number: /

any form currently on file with your department and will not be marketed with an illustration.

Form 200-575 6-08 is an identity theft waiver of premium rider that waives the premium for a three-month period upon the occurrence of identify theft of the insured as defined in the rider. This rider will be attached to the policy if the initial face amount applied for is \$10,000 or greater. There is no charge for this rider. This rider is new and does not replace any form currently on file with your department.

Form 200-576 6-08 is a hospital stay waiver of premium rider that waives the premium for a three-month period upon the insured's confinement to a hospital as defined in the rider. This rider will be attached to the policy if the initial face amount applied for is \$10,000 or greater. There is no charge for this rider. This rider is new and does not replace any form currently on file with your department.

Form 200-577A 6-08 (AR) is a whole life application that will be used to apply for this product, other products currently on file with your department, and those that may be filed at a later date. The application replaces form 200-492A 1-06 (AR) previously approved by your department March 8, 2006. The differences between the enclosed application and that previously approved are: a) added the modified death benefit product as one of the plans of insurance; b) the underwriting questions have been updated and a separate section created for the modified death benefit product; c) language was added referencing the riders that will be added at no charge if the initial face amount applied for is \$10,000 or greater; d) changed item 6.b. to Face Amount; e) added space for the telephone number of the family physician; f) the bank authorization was updated; and g) the MIB portion of the Fair Credit Reporting Act/Medical Information Bureau Notice was updated to reflect their street address and website.

We hereby certify we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49 and this submission meets the provisionis of Rule 19.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

SERFF Tracking Number: UFFL-125854767 State: Arkansas  
Filing Company: United Home Life Insurance Company State Tracking Number: 40699  
Company Tracking Number: 200-608 6-08  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: 200-608 6-08  
Project Name/Number: /

## Company and Contact

### Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com  
225 S East (317) 692-7465 [Phone]  
Indianapolis, IN 46202

### Filing Company Information

United Home Life Insurance Company CoCode: 69922 State of Domicile: Indiana  
225 S. East St. Group Code: Company Type: LAH  
Indianapolis, IN 46202 Group Name: State ID Number:  
(317) 692-7465 ext. [Phone] FEIN Number: 35-0841899  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR imposes a filing fee of \$50 per policy and related items.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Home Life Insurance Company	\$50.00	10/27/2008	23498559

<i>SERFF Tracking Number:</i>	<i>UFFL-125854767</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40699</i>
<i>Company Tracking Number:</i>	<i>200-608 6-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>200-608 6-08</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	10/29/2008	10/29/2008

<i>SERFF Tracking Number:</i>	<i>UFFL-125854767</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40699</i>
<i>Company Tracking Number:</i>	<i>200-608 6-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>200-608 6-08</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 10/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UFFL-125854767 State: Arkansas

Filing Company: United Home Life Insurance Company State Tracking Number: 40699

Company Tracking Number: 200-608 6-08

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: 200-608 6-08

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Identity Theft WP Actuarial Memo		No
Supporting Document	Hospital Stay WP Memo		Yes
Form	Modified Death Benefit Whole Life		Yes
Form	Identity Theft Waiver of Premium Rider		Yes
Form	Hospital Stay Waiver of Premium Rider		Yes
Form	Whole Life Insurance Application		Yes

SERFF Tracking Number: UFFL-125854767 State: Arkansas

Filing Company: United Home Life Insurance Company State Tracking Number: 40699

Company Tracking Number: 200-608 6-08

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: 200-608 6-08

Project Name/Number: /

## Form Schedule

**Lead Form Number:** 200-608 6-08 (AR)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	200-608 6-08 (AR)	Policy/Cont Modified Death ract/Fratern Benefit Whole Life al Certificate	Initial			200-608 6-08 - AR - Complete.pdf
	200-575 6-08	Policy/Cont Identity Theft Waiver ract/Fratern of Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	200-575 6-08.pdf
	200-576 6-08	Policy/Cont Hospital Stay Waiver ract/Fratern of Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	200-576 6-08.pdf
	200-577A 6-08 (AR)	Application/Whole Life Insurance Enrollment Application Form	Initial		51	200-577A 6-08 AR.pdf



**UNITED HOME LIFE INSURANCE COMPANY**

Post Office Box 7192  
Indianapolis, Indiana 46207-7192  
1-800-428-3001

Insured: [John Doe]  
Policy Number: [1234567]

This policy is a contract between the Owner (you), and United Home Life Insurance Company (Us).

It is important to Us that you are satisfied with your policy and that it meets your insurance goals. We urge you to read it carefully. If you are not satisfied, you may mail or deliver this policy to Us or any agent of Our Company within 20 days of the date it was delivered to you. If you do, it will be deemed void from the beginning. We will send you a full refund of any premiums paid.

Signed at Our Home Office in Indianapolis, Indiana, on the Policy Date.

*Lynn B. Jongleux*  
Secretary

*Donald B. Villhock*  
President

**MODIFIED DEATH BENEFIT WHOLE LIFE**

This is a life insurance policy payable at the Insured's death. The Face Amount of Insurance is limited during the first two Policy Years. Premiums are payable for life. This is a nonparticipating policy.

# TABLE OF CONTENTS

	Page
Free Look Provision .....	1
Policy Specifications .....	3
Policy Definitions .....	4
The Contract .....	5
General .....	5
Incontestability .....	5
Misstatement of Age or Sex .....	5
Suicide .....	5
Policy Settlement .....	5
Nonparticipating .....	5
Ownership, Assignment and Beneficiary Provisions .....	5
Ownership .....	5
Change of Ownership .....	5
Collateral Assignment .....	6
Beneficiary .....	6
Premium Provisions .....	6
Premium Payments .....	6
Grace Period .....	7
Reinstatement .....	7
Cash Value .....	7
Surrender Value .....	7
Surrender .....	7
Deferment of Surrender Payment .....	8
Loans .....	8
General .....	8
Cash Loan .....	8
Deferment of Loan Payments .....	8
Automatic Premium Loan .....	8
Loan Interest .....	8
Options on Lapse .....	8
Option 1 - Reduced Paid-Up Insurance .....	9
Option 2 - Surrender for Cash .....	9
Basis of Computation .....	9
Death Benefit Provisions .....	9
Death Benefit .....	9
Interest .....	9
Claim .....	9
Payment of Proceeds .....	10
Proceeds .....	10
Electing a Payment Option .....	10
Option 1 - Income for a Fixed Period .....	10
Option 2 - Life Income with a Fixed Period .....	10
Option 3 - Interest Income .....	10
Option 4 - Income of Fixed Amount .....	10
Interest and Mortality Table .....	10
Table A .....	11
Table B .....	11
Supplementary Contracts .....	11
Amount Payable at Death of Payee with no Surviving Beneficiary .....	12
Commuted Benefit .....	12
Reserves .....	12

# POLICY SPECIFICATIONS

Policy Date [10-31-2008]

Maturity Date [10-31-2094]

As of [10-31-2008]

INSURED  
[DOE, JOHN]

Policy Number: [1234567]

\*Initial Face Amount: [\$10,000]

Insured's Sex: [Male]

Age at Issue: [35]

Owner: See Application

## SCHEDULE OF BENEFITS & PREMIUMS

Form No.	Basic Plan	Premium Payable
200-608 6-08 (AR)	Modified Death Benefit Whole Life [Male - Non-Tobacco]	[\$370.30 86 yrs]

Additional Benefits		
[200-575 6-08	Identity Theft Waiver of Premium Rider	None]
[200-576 6-08	Hospital Stay Waiver of Premium Rider	None]
[200-537 6-08	Common Carrier Accidental Death Benefit Rider (Benefit Amount: \$10,000)]	None

Premiums					
Quarterly	[\$99.98]	Semiannual	[\$196.26]	Annual	[\$370.30]

\* This amount is reduced in the first two policy years. See Page 3B for Table of Face Amounts for all policy years.

**MODIFIED DEATH BENEFIT WHOLE LIFE**

## Table of Annual Premiums and Values\*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
1	[\$370.30	[\$3,000.00	[\$0.00	[\$0
2	\$370.30	\$6,000.00	\$0.00	\$0
3	\$370.30	\$10,000.00	\$80.40	\$500
4	\$370.30	\$10,000.00	\$180.40	\$1,175
5	\$370.30	\$10,000.00	\$284.70	\$1,626
6	\$370.30	\$10,500.00	\$392.80	\$2,215
7	\$370.30	\$10,500.00	\$505.20	\$2,651
8	\$370.30	\$10,500.00	\$622.00	\$3,131
9	\$370.30	\$10,500.00	\$743.20	\$3,588
10	\$370.30	\$10,500.00	\$868.70	\$4,025
11	\$370.30	\$11,000.00	\$997.50	\$4,437
12	\$370.30	\$11,000.00	\$1,130.80	\$4,830
13	\$370.30	\$11,000.00	\$1,268.70	\$5,206
14	\$370.30	\$11,000.00	\$1,412.70	\$5,568
15	\$370.30	\$11,000.00	\$1,562.80	\$5,917
16	\$370.30	\$11,500.00	\$1,717.00	\$6,246
17	\$370.30	\$11,500.00	\$1,876.90	\$6,560
18	\$370.30	\$11,500.00	\$2,041.90	\$6,861
19	\$370.30	\$11,500.00	\$2,212.10	\$7,147
20	\$370.30	\$11,500.00	\$2,387.00	\$7,421
21	\$370.30	\$12,000.00	\$2,563.00	\$7,672
22	\$370.30	\$12,000.00	\$2,742.90	\$7,910
23	\$370.30	\$12,000.00	\$2,926.70	\$8,135
24	\$370.30	\$12,000.00	\$3,115.70	\$8,351
25	\$370.30	\$12,000.00	\$3,309.70	\$8,557
26	\$370.30	\$12,000.00	\$3,508.10	\$8,753
27	\$370.30	\$12,000.00	\$3,709.80	\$8,939
28	\$370.30	\$12,000.00	\$3,913.80	\$9,114
29	\$370.30	\$12,000.00	\$4,119.50	\$9,280
30	\$370.30	\$12,000.00	\$4,327.10	\$9,436
31	\$370.30	\$12,000.00	\$4,536.60	\$9,584
32	\$370.30	\$12,000.00	\$4,748.70	\$9,725
33	\$370.30	\$12,000.00	\$4,964.00	\$9,859
34	\$370.30	\$12,000.00	\$5,182.80	\$9,987
35	\$370.30	\$12,000.00	\$5,405.50	\$10,110
36	\$370.30	\$12,000.00	\$5,630.90	\$10,228
37	\$370.30	\$12,000.00	\$5,858.60	\$10,339
38	\$370.30	\$12,000.00	\$6,085.20	\$10,445
39	\$370.30	\$12,000.00	\$6,311.40	\$10,544
40]	\$370.30]	\$12,000.00]	\$6,537.40]	\$10,638]

\* The Cash Values and Reduced Paid-Up Amounts are shown as of the end of each policy year. They assume all premiums have been paid. Annual premiums are shown as of the beginning of each policy year.

\*\*Premiums are guaranteed and not subject to change.

**MODIFIED DEATH BENEFIT WHOLE LIFE**

## Table of Annual Premiums and Values\*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
[41	[\$370.30	[\$12,000.00	[\$6,763.20	[\$10,727
42	\$370.30	\$12,000.00	\$6,988.90	\$10,812
43	\$370.30	\$12,000.00	\$7,212.90	\$10,893
44	\$370.30	\$12,000.00	\$7,433.50	\$10,968
45	\$370.30	\$12,000.00	\$7,648.90	\$11,038
46	\$370.30	\$12,000.00	\$7,858.90	\$11,104
47	\$370.30	\$12,000.00	\$8,061.70	\$11,165
48	\$370.30	\$12,000.00	\$8,258.60	\$11,221
49	\$370.30	\$12,000.00	\$8,449.60	\$11,274
50	\$370.30	\$12,000.00	\$8,634.00	\$11,324
51	\$370.30	\$12,000.00	\$8,810.50	\$11,370
52	\$370.30	\$12,000.00	\$8,977.80	\$11,412
53	\$370.30	\$12,000.00	\$9,135.00	\$11,449
54	\$370.30	\$12,000.00	\$9,281.40	\$11,485
55	\$370.30	\$12,000.00	\$9,416.80	\$11,516
56	\$370.30	\$12,000.00	\$9,541.30	\$11,545
57	\$370.30	\$12,000.00	\$9,658.90	\$11,571
58	\$370.30	\$12,000.00	\$9,770.00	\$11,595
59	\$370.30	\$12,000.00	\$9,874.40	\$11,617
60	\$370.30	\$12,000.00	\$9,971.60	\$11,638
61	\$370.30	\$12,000.00	\$10,060.50	\$11,656
62	\$370.30	\$12,000.00	\$10,146.00	\$11,674
63	\$370.30	\$12,000.00	\$10,227.60	\$11,690
64	\$370.30	\$12,000.00	\$10,304.30	\$11,705
65	\$370.30	\$12,000.00	\$10,374.60	\$11,719
66	\$370.30	\$12,000.00	\$10,435.30	\$11,731
67	\$370.30	\$12,000.00	\$10,494.90	\$11,742
68	\$370.30	\$12,000.00	\$10,553.30	\$11,754
69	\$370.30	\$12,000.00	\$10,610.30	\$11,764
70	\$370.30	\$12,000.00	\$10,665.70	\$11,775
71	\$370.30	\$12,000.00	\$10,719.70	\$11,785
72	\$370.30	\$12,000.00	\$10,772.50	\$11,794
73	\$370.30	\$12,000.00	\$10,823.90	\$11,804
74	\$370.30	\$12,000.00	\$10,873.80	\$11,813
75	\$370.30	\$12,000.00	\$10,922.30	\$11,822
76	\$370.30	\$12,000.00	\$10,969.30	\$11,830
77	\$370.30	\$12,000.00	\$11,014.90	\$11,838
78	\$370.30	\$12,000.00	\$11,059.00	\$11,846
79	\$370.30	\$12,000.00	\$11,101.60	\$11,853
80]	\$370.30]	\$12,000.00]	\$11,143.00]	\$11,861]

\* The Cash Values and Reduced Paid-Up Amounts are shown as of the end of each policy year. They assume all premiums have been paid. Annual premiums are shown as of the beginning of each policy year.

\*\*Premiums are guaranteed and not subject to change.

Policy Number [1234567]

**MODIFIED DEATH BENEFIT WHOLE LIFE**

Table of Annual Premiums and Values\*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
[81	[\$370.30	[\$12,000.00	[\$11,183.70	[\$11,869
82	\$370.30	\$12,000.00	\$11,228.00	\$11,882
83	\$370.30	\$12,000.00	\$11,310.30	\$11,936
84	\$370.30	\$12,000.00	\$11,845.20	\$12,000
85	\$370.30	\$12,000.00	\$11,896.60	\$12,000
86]	\$370.30]	\$12,000.00]	\$12,000.00]	\$12,000]

\* The Cash Values and Reduced Paid-Up Amounts are shown as of the end of each policy year. They assume all premiums have been paid. Annual premiums are shown as of the beginning of each policy year.

\*\*Premiums are guaranteed and not subject to change.

## DEFINITIONS

Owner:	The person named in the application as the Owner, or any successor or transferee of the Owner.
Contingent Owner:	The person named in the application as the Contingent Owner to which ownership of the policy would fall if the Owner should die during the life of the policy.
We, Us, Our:	United Farm Family Life Insurance Company
Insured:	The person whose life is Insured by this policy as shown in the application.
Home Office:	United Farm Family Life Insurance Company Post Office Box 7192 Indianapolis, Indiana 46206-1250
Beneficiary:	The person receiving the death Proceeds of this policy. The one named in the application as Beneficiary unless later changed by the Owner or disqualified by law from receiving the Proceeds.
Proceeds:	The benefits payable as a result of death of the Insured or cash surrender by the Owner.
Attained Age:	The issue age plus the number of years from the Policy Date to the Policy Anniversary.
Policy Date:	The date labeled as such in the Policy Specifications. All Policy Years and anniversaries are measured from the Policy Date.
Monthly Anniversary:	The day of each month that corresponds with the day of the Policy Date. This will be the last day of the month if the day of the Policy Date is the 29th, 30th, or 31st, and the current month does not contain these days.
Indebtedness:	The sum of all loans granted, plus associated loan interest charges, that have not yet been repaid.
Policy Anniversary:	The first Policy Anniversary is one year after the Policy Date.
Policy Month:	The period from the day on the month the Policy Date fell on, to the day prior to the same day in the following month.
Policy Year:	The period from the Policy Date to the first Policy Anniversary, or from one Policy Anniversary to the next.

## THE CONTRACT

**General** - This policy is issued in consideration of the application and the payment of the first premium. This policy and the application are the entire contract. All statements in the application are representations and not warranties. No statement will void this policy or be used in defense of a claim unless:

- a. such statement is considered in the application; and
- b. a copy of the application is attached to this policy at issue.

Only Our President or Secretary may change or waive the terms of this policy. Any changes or waivers must be in writing.

**Incontestability** - We will not contest this policy, except for fraud, after it has been in force during the Insured's lifetime for two years from the Policy Date. This does not apply to nonpayment of premiums.

**Misstatement of Age or Sex** - If the Insured's age or sex is misstated, We will adjust the payments under this policy. The Proceeds will be the amount the premiums paid would have purchased at the correct age and sex.

**Suicide** - If the Insured dies by suicide, whether sane or insane, within two years of the Policy Date, the Proceeds will equal the premiums paid less any Indebtedness.

**Policy Settlement** - All payments under this policy are made from Our Home Office. We may require the return of the policy.

Any Indebtedness to Us under this policy will be deducted in determining the Proceeds.

Satisfactory proof of death must be sent to Our Home Office. We may require proof of the existence, identity, age, or other facts relating to any Beneficiary or payee.

Any payment made in good faith will fulfill Our obligation to the extent of the payment.

**Nonparticipating** - This Policy is nonparticipating. It does not share in Our surplus earnings. Therefore, the Owner will receive no dividends.

## OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS

**Ownership** - The Owner of this policy is shown in the Policy Specifications. While the Insured is alive, the Owner may exercise all rights of this policy without the consent of the Insured, any revocable Beneficiary or Contingent Owner.

**Change of Ownership** - As long as the Owner is not the Insured, a Contingent Owner may be named. If the Insured becomes the Owner of this policy, any prior designation of a Contingent Owner shall be void.

While the Insured is living, the Owner of the policy may be changed. Changing the Owner does not change the Beneficiary. Upon the death of the Owner the Contingent Owner becomes the Owner of the policy. If there is no Contingent Owner, ownership will pass to the Owner's estate. Changes of ownership are subject to the rights of any Collateral Assignee.

Ownership change requests must be made in writing on a form satisfactory to Us. An ownership change request must be recorded by Us at Our Home Office. The change then will be effective as of the date the ownership change request was signed whether or not the Insured was living on the date of recording. The change will then be subject to any payment made or other action taken by Us before We received the written ownership change request.

**Collateral Assignment** - The Owner may assign this policy as collateral security. An assignment shall be subject to any indebtedness. We are not responsible for the validity or effect of any assignment. The assignment must be made in writing on a form satisfactory to Us. The assignment must be recorded by Us at Our Home Office. The assignment will then be effective as of the date signed. The assignment is subject to any payment or action taken by Us before the assignment has been received at Our Home Office. The interest of any Beneficiary will be subject to any Collateral Assignment made either before or after the Beneficiary designation. A Collateral Assignment is not a transfer of ownership. A Collateral Assignee is not an Owner.

**Beneficiary** - The Beneficiary designations in the application remain in effect until the Owner changes them. During the lifetime of the Insured, the Owner may change the Beneficiary designations by submitting the request in writing, on a form satisfactory to Us. Such a Beneficiary change must be recorded by Us at Our Home Office. The change will then be effective as of the date the change request was signed, whether or not the Insured is living as of the date of recording of the change. Any change is subject to any action or payment made by Us before recording.

The primary Beneficiaries will receive the Proceeds of the policy when the Insured dies. If the primary Beneficiary is not living at the Insured's death any Contingent Beneficiary, if living, will receive the Proceeds. If no Beneficiary is living when the Insured dies, the Proceeds will be paid to the Owner; if the Owner is not living, the Proceeds will be paid to the estate of the Insured. If any Beneficiary dies within 14 days after the Insured, but before due proof of death of the Insured has been received at the Home Office, the payment of the Proceeds shall be made as if such Beneficiary had died before the Insured. Unless otherwise specified, Beneficiaries will receive equal shares of the Proceeds.

## **PREMIUM PROVISIONS**

**Premium Payments** - Each premium must be paid on or before the due date. The first premium is due on the Policy Date. Premiums may be paid annually, semiannually or quarterly. Premium due dates are computed from the Policy Date.

The premium amounts to be paid are shown in the Policy Specifications. The Owner may change the frequency of premium payments. The Owner may do this by providing Us with written notice and paying the exact premium amount for the new frequency, but only as of a premium due date at the new frequency.

The first premium is payable to Us at Our Home Office; or, the premium may be paid to an authorized agent in exchange for a receipt signed by the agent. All other premium payments must be payable to Us at Our Home Office.

**Grace Period** - A grace period of 31 days without interest charge will be granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.

If the premium is not paid by the end of the grace period, this policy will lapse without value unless the Options on Lapse or Premium Loan Provisions are applicable.

If the Insured dies during the Grace Period, any premiums due and unpaid at the time of death will be deducted from the Proceeds.

**Reinstatement** - This policy may be put back in force within five years after it has lapsed, if it has not been surrendered for cash and if the option chosen on lapse is still in effect. The Owner must send evidence satisfactory to Us of the Insured's insurability. All past due premiums must be paid, along with 8 percent interest compounded annually. When the policy is reinstated, any loan that was on the policy at lapse will be reinstated with interest from the date of lapse. When the policy is reinstated, any election made for Reduced Paid-Up Insurance will no longer be in effect.

## CASH VALUE

If all premiums have been paid, the cash value of this policy is the cash value as shown in the Table of Guaranteed Values in the Policy Specifications.

The cash value, if any, after a premium payment due date for which a payment has not been received will be:

- a. within 60 days - the cash value as on that due date.
- b. after 60 days - if this policy is continued as Reduced Paid-Up Insurance, the cash value at any time is equal to the then net single premium for the amount of insurance in force.

During the 30 days after any Policy Anniversary, the cash value will not be less than on that anniversary date.

**Surrender Value** - The surrender value of this policy is the sum of:

1. the cash value of the policy; less
2. any indebtedness.

**Surrender** - The Owner may surrender this policy for its surrender value while the Insured is still alive. The Owner must submit this policy and a written request on a form satisfactory to Us, at Our Home Office. The surrender must be recorded by Us at Our Home Office. The surrender then will be effective as of the date the surrender request was signed, whether or not the Insured was living on the date of recording. The surrender value will be computed as of the Monthly Anniversary, which coincides with or follows the effective date of the surrender. Upon surrender the policy terminates effective the date of the surrender.

**Deferment of Surrender Payment** - We may defer the payment to the Owner of the surrender value on surrender of this policy. We may not defer such payments for more than 6 months after we receive the Owner's surrender request for such payment at Our Home Office. If we defer payment on surrender for 30 days or more, we will pay interest at a rate no less than is required by law from the date of surrender to the date of payment.

## LOANS

**General** - The Owner may obtain a loan from Us for an amount up to the loan value of this policy. For a policy continuing as Reduced Paid-Up Insurance, the loan value is the Surrender Value as of the next Policy Anniversary. Otherwise, the loan value is the surrender value as of the next premium due date.

The policy will be the sole security for the loan.

**Cash Loan** - The Owner must assign this policy to Us to obtain a cash loan. The loan proceeds will equal the loan amount less the interest charge.

**Deferment of Loan Payments** - We may defer the payment to the Owner of a requested loan. We may not defer such payments for more than 6 months after we receive the Owner's loan request at Our Home Office. We will not defer loans made to pay premiums on this policy.

**Automatic Premium Loan** - We will make an automatic premium loan if:

- a. the Owner requests it in writing to Us at Our Home Office before the end of any grace period; and
- b. if the unpaid premium plus the interest on the unpaid premium to the next anniversary does not exceed the loan value.

An Option on Lapse will be in effect if the loan value is not as large as the unpaid premium plus interest.

The Owner may cancel this provision by writing to Us at Our Home Office.

**Loan Interest** - Loan interest will be payable at the rate of 7.4% per year in advance. Interest is payable at the beginning of each Policy Year. Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

## OPTIONS ON LAPSE

If any premium is not paid by the end of the grace period, unless an automatic premium loan takes effect, the surrender value of the policy as of the due date of that premium will be used as a net single premium to continue insurance under one of the options described below.

The Owner may choose either option. If the Owner does not elect an option within 60 days of the premium due date, Option 1 will be effective.

**Option 1 - Reduced Paid-Up Insurance** - This policy may be continued as nonparticipating Reduced Paid-Up Life Insurance. The surrender value will be used as a net single premium to purchase as much nonparticipating Paid-Up Life Insurance as the net single premium will purchase.

**Option 2 - Surrender for Cash** - This policy may be surrendered for its Surrender Value. Surrender terminates the policy.

**Basis of Computation** - The Table of Guaranteed Values shows cash values and reduced paid-up amounts based on the Face Amount of Insurance shown on the Policy Specifications.

Cash values and net single premiums are based on the 2001 Commissioners Standard Ordinary, Age Nearest Birthday Smoker/Nonsmoker Ultimate Mortality Tables at 5 percent (5%) interest.

A detailed statement of how the values were calculated is on file with the Indiana Department of Insurance. The values are not less than the values required by law.

Values for years not shown will be furnished upon request. Cash values during any Policy Year will be determined by Us with allowance for the time that has elapsed in that year and for any premiums paid for that year.

## **DEATH BENEFIT PROVISIONS**

**Death Benefit** - The Proceeds of this Policy will be payable immediately upon receipt of proof satisfactory to Us that the Insured died while this Policy was in force. The Proceeds payable will be:

- a. The Face Amount of Insurance as described on Page 3 for the Policy Year in which the Insured dies; plus
- b. the amount of premium, if any, paid (but not waived under any Waiver of Premium rider) beyond the Policy Month in which the Insured dies; less
- c. any Indebtedness; less
- d. any premium due and unpaid as of the date of death.

**Interest** - If the claim is not paid within thirty (30) days of the Insured's death, interest, at the rate required by state law, will be paid from the date of the Insured's death until the proceeds are paid either in one sum or under a settlement option.

**Claim** - Settlement shall be made upon receipt of due proof of death and the interest of the claimant not later than two (2) months after receipt by Us of acceptable proof of death.

## PAYMENT OF PROCEEDS

**Proceeds** - The Proceeds of this policy will be paid in one sum unless it is settled under one of the settlement options shown below. To use an option, the Proceeds must be at least \$5,000. The recipient of payments under an option will be referred to as the Payee.

**Electing a Payment Option** - While the Insured is living, the Owner may elect or change an option by filing with Our Home Office a written request on a form acceptable to Us. If no option is elected prior to the Insured's death, the Beneficiary shall choose the option. The option will not apply to any payments made prior to receiving the request. If the Owner chooses an option before the Insured dies, the option cannot be changed after the Insured's death. After payments have begun under Option 2, the option cannot be changed.

**Option 1 - Income for a Fixed Period** - We will make periodic payments in equal amounts for a fixed number of years. Table A shows the guaranteed monthly income for each \$1,000.00 of Proceeds. Payments are guaranteed for the number of years chosen.

**Option 2 - Life Income with Fixed Period** - The payments under this option must be payable to an individual in his own right. We will pay the periodic income for a fixed period, and for as long thereafter that as the Payee lives. The fixed period may be ten (10) or twenty (20) years or any other period then being offered by Us. Payments will be in equal periodic amounts. The payment is based on the age and sex of the Payee. Table B shows the guaranteed monthly income for each \$1,000.00 of Proceeds.

**Option 3 - Interest Income** - We will hold the Proceeds as principal and will pay the interest periodically. The principal will be paid upon the Payee's written request or death.

**Option 4 - Income of Fixed Amount** - We will pay a periodic income of the amount chosen. The amount must be at least \$10.00 for each \$1,000.00 of the Proceeds and at least \$50.00 per periodic payment. We will pay for as long as the Proceeds and interest last.

**Interest and Mortality Table** - The rate of interest guaranteed under these Payment Options is 1.50% per year. The payment option rates are based on the Annuity 2000 Mortality Table.

Table A - Equal Period Monthly Payments for Fixed Period Per \$1,000.00 of Proceeds.

Years	Payment	Years	Payment
3	\$28.39	11	\$8.21
4	21.45	12	7.58
5	17.28	13	7.05
6	14.51	14	6.59
7	12.53	15	6.20
8	11.04	20	4.81
9	9.89	25	3.99
10	8.96	30	3.44

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 1	11.919	5.981	2.996

**Table B** - Monthly Life Income with Payments Guaranteed for Years shown per \$1,000.00 of Proceeds. (Based on Payee's age, nearest birthday, on due date of first payment.)

Male			Female	
10 Years	20 Years	Age	10 Years	20 Years
\$1.99	\$1.99	15	\$1.92	\$1.92
2.20	2.19	25	2.10	2.10
2.49	2.47	35	2.36	2.35
2.93	2.88	45	2.73	2.71
3.60	3.45	55	3.32	3.24
4.07	3.79	60	3.74	3.58
4.30	3.93	62	3.94	3.73
4.69	4.14	65	4.28	3.96
5.45	4.44	70	5.00	4.32
6.32	4.65	75	5.91	4.60
7.22	4.76	80	6.93	4.75

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 2	11.69	5.93	2.99

**Supplementary Contract** - If payments are made under an option, a Supplementary Contract will be issued. It will describe when and how payments are made, to whom the payments will be made, and how any remaining Proceeds are paid. The Supplementary Contract will be dated as of the Insured's death, if the Proceeds are death Proceeds; otherwise, it will be dated when the Proceeds become payable.

Payment will be made monthly, unless quarterly, semiannual or annual payments are chosen. If the payments would be less than \$50.00 each, they must be made on a less frequent basis.

The first payment under Option 1, 2, or 4 will be due on the date of the Supplementary Contract. The first payment under Option 3 will be due one (1) month after that date if payments are monthly, three (3) months if quarterly, six (6) months if semiannually, and twelve (12) months if annually.

We may increase payments under Option 1 or 2 by any additional interest as declared. Under Option 3, We may credit additional interest. Under Option 4, additional interest, if any, will be used to extend the number of payments.

After the date of the Supplementary Contract, the settlement cannot be changed or terminated before all payments, subject to its terms, have been made, except as: (a) otherwise stated in this provision; and (b) approved by Us at the time of election of the option and upon such terms as We deem necessary.

At the Payee's death, if there is a surviving Beneficiary, the remaining guaranteed payments will continue to be paid as scheduled to the Beneficiary.

At the Payee's death, if there is no surviving Beneficiary, any settlement option will terminate. The present value of any unpaid amounts will be paid in one sum to the Payee's estate, unless otherwise stated.

**Amount Payable at Death of Payee With No Surviving Beneficiary** - Under Option 1 and 4, We will pay the commuted value of any future guaranteed income payments for the remaining period using a rate of interest one percent (1%) higher than the rate used to calculate the original option.

Under Option 2, We will pay the commuted value of any future guaranteed income payments using a rate equal to the rate used to calculate the original option.

Under Option 3, We will pay the principal with any interest to the date of death.

**Commuted Benefit** - Benefits under Options 1 and 4 may be commuted by the Payee during his/her lifetime. Any unpaid future guaranteed income payments shall be commuted using a rate of interest one percent (1%) higher than the rate used to calculate the original option.

**Reserves** - At or after the start of payments under an Optional Payment Provision, the reserve under this policy will be computed based on the Attained Age at the nearest birthday of the Payee and will be greater than or equal to those required by the minimum reserve standards of the Statutory Valuation Law.

### **MODIFIED DEATH BENEFIT WHOLE LIFE**

This is a life insurance policy payable at the Insured's death. The Face Amount of Insurance is limited during the first two Policy Years. Premiums are payable for life. This is a nonparticipating policy.

UNITED HOME LIFE INSURANCE COMPANY

Indianapolis, Indiana

**IDENTITY THEFT WAIVER OF PREMIUM RIDER**

This Rider is attached to and becomes part of the policy. Its benefits are subject to the terms of the policy and this Rider. If the provisions of the Rider and those of the policy do not agree, the provisions of the Rider apply. We will not contest this Rider after it has been in force during the insured's lifetime for two years from the policy issue date or the Rider application date, whichever is later.

**Effective Date:** The effective date of this Rider is the Policy Date.

**Definitions:**

Identity Theft means the act of knowingly transferring or using, without lawful authority, a means of identification of the Insured with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.

**Benefits:** The waiver of premium defined in this benefit will become operative upon receipt at Our Home Office of due proof that:

1. The Insured has experienced Identity Theft; and
2. Such Identity Theft is discovered by the Insured during the policy period for which the policy and this rider are in force; and
3. Such Identity Theft is reported to Us within sixty (60) days after it is first discovered by the Owner of the policy.

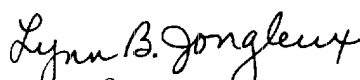
**Waiver of Premiums:** The Company will waive the payment of any premium or refund any premium previously paid to Us for the three-month period immediately following proof of the Identity Theft. There is no premium or cost of insurance charge for this benefit. This waiver may only be exercised once.

**Exclusions:** The following exclusions apply to this coverage:

1. Identity Theft arising out of or in connection with a business.
2. Identity Theft of a professional or business identity.
3. Identity Theft due to any fraudulent, dishonest, or criminal act by the Insured, or any person aiding or abetting the Insured, or by any authorized representative of the Insured, whether acting alone or in collusion with others.
4. Identity Theft by or with the knowledge of any relative or former relative of the Insured unless the Insured is willing to file a police report and an FTC Affidavit and will cooperate with prosecutorial action against the perpetrator.
5. Identity Theft first discovered by the Insured prior to or after the period for which this coverage applies.
6. Identity Theft that is not reported to the police.
7. Identity Theft not reported to Us within sixty (60) days after it is first discovered by the Insured.
8. Losses arising solely from the unauthorized use of the Insured's credit card or debit card.

**Termination:** This Rider will terminate on the earliest of the following:

1. The date the Identity Theft Waiver of Premium Benefit is exercised; or
2. The date the policy terminates; or
3. The expiration date of the policy; or
4. The date the Policy is continued as reduced paid-up insurance or extended term insurance.

  
Secretary

  
President

UNITED HOME LIFE INSURANCE COMPANY

Indianapolis, Indiana

**HOSPITAL STAY WAIVER OF PREMIUM RIDER**

This Rider is attached to and becomes part of the policy. Its benefits are subject to the terms of the policy and this Rider. If the provisions of the Rider and those of the policy do not agree, the provisions of the Rider apply. We will not contest this Rider after it has been in force during the insured's lifetime for two years from the policy issue date or the Rider application date, whichever is later.

**Effective Date:** The effective date of this Rider is the Policy Date.

**Definitions:**

Hospital means a facility which:

1. is licensed as a hospital by the state in which it is located and operated; and
2. is supervised by a staff of licensed physicians; and
3. provides continuous nursing services twenty four (24) hours a day or under supervision of a Registered Nurse; and
4. operates primarily for the care and treatment of the sick or injured persons as inpatient for a charge; and
5. has medical, diagnostic, and major surgical facilities or has access to such facilities on a prearranged contractual basis.

Hospital does not mean:

1. convalescent, rehabilitation, hospice, rest or nursing facility; or
2. a facility operated primarily for treatment of alcoholism, drug dependency or mental disorders.

**Benefits:** The waiver of premium defined in this benefit will become operative upon receipt at Our Home Office of due proof that:

1. The Insured has been confined to a Hospital for a period of twenty (20) continuous days; and
2. Such Hospital stay by the Insured occurs during the policy period for which the policy and this rider are in force; and
3. Such Hospital stay is reported to Us within sixty (60) days after the twenty (20) day Hospital stay period ends.

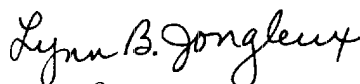
**Waiver of Premiums:** The Company will waive the payment of any premium or refund any premium previously paid to Us for the three-month period immediately following proof of the Hospital stay. There is no premium or cost of insurance charge for this benefit. This waiver may only be exercised once.

**Exclusions:** The following exclusions apply to this coverage:

1. The Hospital stay begins prior to the policy date.
2. The Hospital stay is a result of any intentional self-inflicted injury or attempted suicide whether sane or insane.
3. The Hospital stay is a result of alcoholism, alcohol abuse, or drug dependency or abuse unless dependency results from a misadministration of drugs for treatment by a physician.
4. The Hospital stay is a result of participation in a felony.

**Termination:** This Rider will terminate on the earliest of the following:

1. The date the Hospital stay Waiver of Premium Benefit is exercised; or
2. The date the policy terminates; or
3. The expiration date of the policy; or
4. The date the Policy is continued as reduced paid-up insurance or extended term insurance.

  
Secretary

  
President

# Whole Life Insurance Application

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

1. Last Name		First Name		Middle Initial	Date of Birth (M-D-Y)	State of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Height	Weight	Social Security Number		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give immigration status/type of visa:		
Street Address		City		State	Zip Code	Phone Number ( )	

2. Employer/Occupation/Duties/How Long There

3.a. Primary Beneficiary Name		Relationship	Age
3.b. Contingent Beneficiary Name		Relationship	Age
4.a. Owner Name		Relationship	Social Security Number
Owner Street Address		City	State Zip Code
4.b. Contingent Owner Name		Relationship	Social Security Number

5. Billing Street Address		City	State	Zip Code
Secondary Addressee (For Past Due Notice)	Name	Street	City	State Zip Code

6.a. Plan of Insurance <input type="checkbox"/> Modified Death Benefit Whole Life <input type="checkbox"/> Express Issue Deluxe <input type="checkbox"/> Express Issue Premier		6.b. Face Amount: \$
6.c. If the Face Amount shown above is \$10,000 or greater and the product applied for is the Modified Death Benefit Whole Life, the following riders will be attached to the policy: Identity Theft Waiver of Premium Rider, Hospital Stay Waiver of Premium Rider and Common Carrier Accidental Death Benefit Rider.		
6.d. <input type="checkbox"/> Accidental Death Benefit (not available with Modified Death Benefit Whole Life) \$		6.e. Modal Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Qtrly. <input type="checkbox"/> PAC Modal Premium Amount \$

7. Will this insurance replace or change any other insurance policies or annuities? ☐ Yes ☐ No If "Yes," please provide the complete details of the insurance to be replaced, including amount, company and plan of insurance in Number 10., and complete any necessary replacement forms.

8. Has the proposed insured used nicotine in any form in the past 12 months? ☐ Yes ☐ No

9. Name and Address of Family Physician (Required)	Family Physician Telephone Number (Required) ( )
--	---

## SECTION I – MODIFIED DEATH BENEFIT WHOLE LIFE – COMPLETE SECTION I ONLY

A. Do you currently receive kidney dialysis or require oxygen use or have you received or been told that you need an organ transplant or have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are you currently not able to feed, bathe, dress or take your own medication on a daily basis or are you currently confined to a hospital, nursing home, mental facility, hospice or require home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever tested positive for the AIDS virus or been diagnosed or treated, or recommended for treatment for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immune disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. In the past twelve (12) months, have you been hospitalized two or more times, been diagnosed or treated for cancer (including melanoma and leukemia), heart attack, stroke, or had heart surgery or have you used, been treated for or advised to have treatment for any drugs of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION II - EXPRESS ISSUE DELUXE – COMPLETE SECTIONS I & II ONLY

A. In the past 5 years, have you been diagnosed or treated for, or are you currently under treatment for: Alzheimer's Disease, any form of Cancer (other than Basal Cell skin cancer), Heart or Circulatory Disorder (except controlled hypertension), Sickle Cell Anemia, Stroke, Kidney Disease (including dialysis), Liver Disease (including hepatitis B&C), any Lung Disease (except mild asthma not requiring daily medication), ALS (Lou Gehrigs Disease) or other neurological disorders (except for controlled seizure disorder with no seizures in the past 2 years), or surgery for any Heart or Circulatory Disorder (except varicose veins) or transplant of any organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are you currently disabled, or been disabled in the last six months, or at any time during the last six months been unable to mentally or physically complete 30 hours per week of active employment or have you been declined or postponed for Life or Health Insurance in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. In the past 10 years have you been convicted of a felony; or currently on parole, or in the past 5 years have you been treated for, been advised to have treatment for or excessively used alcohol or any drugs of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details to any questions, add to the next page.

**SECTION III - EXPRESS ISSUE PREMIER – COMPLETE SECTIONS I, II & III**

- A. In the past 5 years, have you been diagnosed or treated for, or are you currently under treatment for: Schizophrenia, Bipolar Disorder, Diabetes requiring insulin treatment, SLE (Systematic Lupus Erythematosus)? ☐ Yes ☐ No
- B. In the past 5 years, have you been convicted of operating a vehicle while intoxicated, or had your drivers license suspended or revoked? (If yes to driving questions, provide Drivers License Number \_\_\_\_\_ State \_\_\_\_\_) ☐ Yes ☐ No
- C. Do you now participate in, or do you have plans to participate in any hazardous sport or aviation? ☐ Yes ☐ No

**10. Details of "Yes" answers to any Questions:**

Dates	Name and Address of Physician	Diagnosis	Treatment

I hereby apply for the insurance indicated above and I am submitting the first premium. I certify that the answers are true and accurate whether written by my own hand or not. I understand that my policy will not be effective until the date it is issued by the company.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

**AUTHORIZATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or the MIB, Inc., or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

I understand that United Home Life Insurance Company may require that I submit to an HIV (HTL VIII) Screen; I authorize that test for underwriting purposes.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

**\*\*\*WARNING\*\*\***

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

\$ \_\_\_\_\_ paid with application.

Dated \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City State Month Year

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

To the best of my knowledge and belief the insurance applied for herein is ☐ is not ☐ intended to replace or change any existing life insurance or annuity coverage.

X \_\_\_\_\_ X \_\_\_\_\_  
Printed Agent Name Agent's Signature

Agent Code \_\_\_\_\_ Agent's E-Mail \_\_\_\_\_

Agent: Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ License Identification Number (\_\_\_\_\_) \_\_\_\_\_  
State

Check or money order must accompany. All premium checks must be made payable to United Home Life Insurance Company. Do not make check or money order payable to the agent or leave the Payee blank. Include copy of voided check for bank draft.

**AUTHORIZATION TO HONOR CHECKS DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana**

Please select **ONLY** one option, complete bank information and sign authorization below.

- ☐ Draft my account for the first premium (initial premium may be drafted upon receipt of this application). Please draft subsequent premiums on the \_\_\_\_\_ day of each month.
- ☐ Draft my account for the first premium on: \_\_\_\_\_. All subsequent drafts will occur on this same day each month. *Month, Day*
- ☐ Do **NOT** draft my account for the first premium. The initial premium is attached, is being mailed or will be collected on delivery. Please draft subsequent premiums on the \_\_\_\_\_ day of each month.

**I understand that my policy will not be effective until the date it is issued by the Company.**

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

TO: \_\_\_\_\_ Bank \_\_\_\_\_ Bank Address \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry.

I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No. \_\_\_\_\_ Date \_\_\_\_\_ Bank signature of Premium Payor \_\_\_\_\_

PLEASE DETACH AND GIVE TO APPLICANT

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

**UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana** (Herein referred to as the Company)

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

**I understand that my policy will not be effective until the date it is issued by the company.**

**RECEIPT**

Received from \_\_\_\_\_ The sum of \$ \_\_\_\_\_

Being the 1st premium of \_\_\_\_\_ mode

Type of proposed insurance \_\_\_\_\_ Amount of proposed insurance \$ \_\_\_\_\_

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year

Agent Signature \_\_\_\_\_

**FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE**

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal FAIR CREDIT REPORTING ACT. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

<i>SERFF Tracking Number:</i>	<i>UFFL-125854767</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40699</i>
<i>Company Tracking Number:</i>	<i>200-608 6-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>200-608 6-08</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UFFL-125854767 State: Arkansas  
Filing Company: United Home Life Insurance Company State Tracking Number: 40699  
Company Tracking Number: 200-608 6-08  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: 200-608 6-08  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 10/13/2008

**Comments:**

Readability certification is attached. Other certifications are included in the General Information tab.

**Attachment:**

Readability.pdf

### Review Status:

**Satisfied -Name:** Hospital Stay WP Memo 10/24/2008

**Comments:**

**Attachment:**

Hospital WP Memorandum.pdf



## CERTIFICATION

I hereby certify the following scores on the Flesch Reading Ease Test.

Form	Score
200-608 6-08	53.1
200-575 6-08	50.9
200-576 6-08	51.2
200-577A 6-08	51.3

Date: 10/27/08

\_\_\_\_\_  
Carl L. Shepherd  
Senior Vice President  
United Home Life Insurance Company

# **UNITED HOME LIFE INSURANCE COMPANY**

## **ACTUARIAL MEMORANDUM HOSPITAL STAY WAIVER OF PREMIUM RIDER FORM NO. 200-576 6-08**

### **Description:**

- This rider allows for the waiver of premium for a period of three months immediately following a hospital stay of 20 days or more.
- There are no additional premiums for this benefit.

### **Basis of Calculations:**

- There are no additional cash values for this benefit.
- Base policy reserves are calculated using Commissioners Reserve Valuation Method at the maximum valuation interest rate allowed by law.
- Claims are assumed to be made at the beginning of the policy year. This is a conservative assumption that will produce the largest reserve.
- Factors are calculated based on the minimum face amount of \$5,000. This is a conservative assumption that will produce the largest gross premium per unit and therefore the largest reserve.
- Reserves held are based on the potential loss of premiums. The assumption for hospital admission rates is based on internal research. The assumption for hospital stay duration is based on research of CDC data.

# UNITED HOME LIFE INSURANCE COMPANY

## ACTUARIAL MEMORANDUM HOSPITAL STAY WAIVER OF PREMIUM RIDER FORM NO. 200-576 6-08

### Actuarial Formulae:

#### Present Value of Future Benefits

Assumptions Used:

Probability of Hospital Admission in any year = 5/100 (Conservative Estimate Based on Internal Studies)

Probability of Hospital Stay of 20 Days or More per Admission = 3/100 (Conservative Estimate Based on CDC Data)

$$PVFB_{[x]+t} = P_{[x]}^m \cdot (1 + v^{1/12} + v^{2/12}) \cdot 5/100 \cdot 3/100 \cdot \left\{ \sum_{z=0}^{120-x} \frac{{}_z P_{[x]+t}}{(1+i)^{(z+1/2)}} \right\};$$

Present value of future benefits for insured age x and duration t  
where,

x = Issue Age;

t = Duration;

$P_{[x]}^m$  = base policy monthly premium per unit including policy fee;

v = discount factor using the valuation rate i;

${}_z P_{[x]+t}$  = the probability of living and no claim at x+t+z;

#### Present Value of Future Premiums

$$\alpha_{[x]} = P_{[x]}^m \cdot (1 + v^{1/12} + v^{2/12}) \cdot 1/100$$

$$\beta_{[x]} = PVFB_{[x]+1} \cdot \frac{D_{[x]+1}}{N_{[x]+1}}$$

$$PVFP_{[x]+t} = \beta_{[x]} \cdot \frac{N_{[x]+t}}{D_{[x]+t}}; \quad \text{for } t > 0$$

#### Reserves

##### **Terminal Reserves:**

$${}_0^S V_{[x]} = 0$$

$${}_t^S V_{[x]} = PVFB_{[x]+t} - PVFP_{[x]+t}; \quad \text{for } t > 0$$

# UNITED HOME LIFE INSURANCE COMPANY

## ACTUARIAL MEMORANDUM HOSPITAL STAY WAIVER OF PREMIUM RIDER FORM NO. 200-576 6-08

### Numerical Example:

The numerical example is for the 5<sup>th</sup> duration of a policy issued to a male age 35 Non-Tobacco user. All values are expressed on a per unit basis.

$$x = 35$$

$$t = 5$$

$$P_{[x]}^m = (32.03 + 50/5) \cdot .093 = 3.91 \text{ (Base Premium} = 32.03; \text{Policy Fee} = \$50)$$

Per Unit Factors assume a \$5,000 Face Amount to produce the largest possible reserve.  
Valuation rate = 4.00%

$$PVFB_{[x]+t} = P_{[x]}^m \cdot (1 + v^{1/12} + v^{2/12}) \cdot .0015 \cdot \left\{ \sum_{z=0}^{120-x} \frac{z P_{[x]+t}}{(1+i)^{(z+1/2)}} \right\};$$

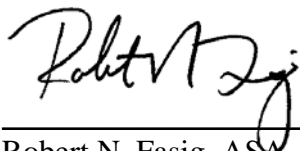
$$PVFB_{[35]+5} = 0.333$$

$$\beta_{[35]} = .0168$$

$$PVFP_{[35]+5} = \beta_{[35]} \cdot \frac{N_{[35]+5}}{D_{[35]+5}};$$

$$PVFP_{[35]+5} = 0.33258$$

$${}_5^S V_{[35]} = PVFB_{[35]+5} - PVFP_{[35]+5} = 0.333 - 0.3326 = .00$$



---

Robert N. Fasig, ASA, MAAA  
Associate Actuary